Address.

ADDRESS AT THE ANNUAL MEETING OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION.[1]

BY S. W. LANGMAID, M.D., *President.*

It is my honorable and pleasing duty to announce the opening of the Fourteenth Annual Congress of our Society. Estimating the value of the Association as I do, I can conceive of no greater honor than to be its presiding officer. The enjoyment which I always have in our annual meetings is enhanced by the evident desire which was shown that we should meet in Boston and because you are our guests.

The present membership of the Association consists of forty-five active, one honorary, and ten corresponding Fellows. The council recommends the enlargement of the Society by the reinstatement of a former member, and by the election of eight active Fellows. It will recommend for corresponding fellowship three well-known European laryngologists.

During the past year the Association has lost by death one active Fellow. Dr. Frank Donaldson, of Baltimore, emeritus clinical professor of diseases of the throat and chest in the University of Maryland, died December 8, 1891. The loss to our Association by the death of Dr. Donaldson is real. We have lost his genial companionship, his sympathy, his manly sweetness of character, his active interest in the Society, and his fair-minded judgment. We have lost a learned friend and most valuable member, and the Association mourns to-day and will continue to regret his untimely death.

Another loss to the Society and to the world is already in your minds before I can utter it. The death of Sir Morell Mackenzie removed not only the personal friend of many of us but an interested friend and member of our Association. Any words of mine would be sadly incompetent to convey an idea of what the loss to laryngology is by Mackenzie's death. Fortunately, the most sympathetic and comprehensive utterances have already been made by his associates and friends all over the world, and although we cannot add to them we can make these utterances our own through our sincere indorsement of their truth.

A remarkable man has departed, a teacher and arbitrator in all laryngological matters, and in our grief at our loss we selfishly murmur that we cannot longer avail ourselves of his skill, his knowledge and his judgment. The office of the teacher has no superior, and in that office Mackenzie was pre-eminent.

The programme of the present meeting consists in the reading and discussion of no less than eighteen papers. The subject of each paper is of vital interest, and the time for discussion will be far too short for our satisfaction and instruction. Under these circumstances the preliminary address, which is expected at the opening of the Congress, must necessarily be short.

I cannot refrain, however, from giving utterance to a few thoughts which have presented themselves in anticipation of this occasion. When I think of the present status of this Association; of what it is, and what it has done; when I consider the wealth of laryngological knowledge of which the world is possessed, to which this Association has been a not small contributor, I cannot forget the small beginning, the tiny rivulet from which this quiet stream of knowledge had its rise, and that some of us began our voyage of professional life almost at its source. I hold in my hand the rare but interesting words of Beunati.[2] So rare, that our lamented Elsberg, whose bibliographical knowledge was second to none, had never seen them until a few years before his decease.

To me they are intensely interesting because of the original investigation which they record, and because they are the last worthy publications of the old dispensation — the dispensation of darkness and guess — worn before the new dispensation of light and certainty were ushered in by the discovery of the laryngoscope. No special student was ever more in earnest, and no one has given a better account of what could be seen in the singer's throat than Beunati. The reader cannot help a sigh of pity that the means by which that wonderful mechanism, the living larynx, can be seen, had not then been discovered. Beunati's investigations were of necessity confined to parts which were then visible, namely, those which constitute the buccal pharynx. All below and all above were *terra incognita.* Throughout Beunati's works one can read between the lines his burning desire to be able to see the living glottis.

When I began the study of throat disease as determined by the laryngoscope, almost the only works upon the subject were the well-known paper of Czermak, a small treatise by Elsberg, and the volume by Sir Duncan Gibb. The original paper of Garcia was inaccessible. Since then, as we know to our cost, the literature of laryngology has increased by standard publications and ephemeral magazine articles until no one without assistance can hope to keep quite abreast of discoveries and clinical observations. Such industry in observation and study, and such rapid discoveries evince the greatest activity in the laryngological specialty. To this multitudinous literature this Association has contributed largely and valuably.

In the address of welcome which I had the pleasure of making ten years ago on the occasion of the former meeting under the presidency of Dr. Knight, I said in effect that I believed the coming years would show as good work from the members of this Association as had already been done by them. My belief was not unfounded. During the last ten years I find in our archives, among others, most valuable papers and discussions upon the following subjects: Upon the respiratory function of the human larynx, upon the special senses of smell and taste, tension of the vocal bands, the nervous origin of diseases, the physiology of the voice, the paralysis of the larynx, morbid growths in nose and throat, new operations for deformities, descriptions of many new instruments, new remedies, climatology in connection with laryngeal phthisis, photography of the larynx, correction of the faults of the voice, investigations with regard to brain centres, etc. These papers are the result of *original* thought, invention and discovery, and we have reason to be proud of them.

Ten years ago I said that in no special branch of medicine were such advances being made as in our own. I am pleased to say that within these ten years there has been an advance all along the line of medicine and surgery, perhaps more marked in the special departments of brain and abdominal surgery. The

[1] Boston, June 20, 1892.

[2] Recherches sur le méchanisme de la voix humaine. Recherches sur les maladies de la voix humaine. Par F. Beunati. Paris, 1832.

methods used and the results obtained are largely due to the discoveries which have been made in the biological laboratories. Let us hope that the future will not find us behind in the rapid march of improvement and discovery.

I believe that our advance will be greatly helped by faithful adherence to this Association. A man's education does not consist entirely of what he can acquire by his own effort. Companionship with fellow-workers is necessary to complete his growth. The kindly but severe criticism of those who are engaged in similar pursuits, and who are, therefore, best fitted to estimate the value of any theory or invention is of incalculable use. Membership is not only a means of information, but it is a stimulus to work and production as well.

Let us hope that the next ten years will show such a record of work performed, of knowledge gained, that the American Laryngological will not occupy any other position than that which has always been accorded it, namely, the first in merit as well as in priority of establishment.

Original Articles.

THE VERTIGO OF ARTERIO-SCLEROSIS.[1]

BY ARCHIBALD CHURCH, M.D.,
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THE discussion of a pathologically subjective state is in itself practically impossible, and the difficulty is not lessened when that state is a symptom of many widely differing conditions, some functional and some grossly organic. To use the term vertigo is therefore undesirable, but for lack of one more definite its employment is a necessity, and in this connection is not open, perhaps, to the emphatic objection that elsewhere obtains. It is in its generic sense that I wish to make use of it.

In a very recent and comprehensive article Suckling[2] takes up the subject of vertigo and in a way describes it as the consciousness of disordered equilibration, showing that it may exist from want of harmony in the impressions received from any of the senses, and possibly from the sensibility of the viscera as well, but it is not the present purpose to direct attention to the physiology of equilibration nor to take up the interesting topic of co-ordination, which is closely associated therewith. He clinically classifies the forms of vertigo as aural, ocular, vascular, dyspeptic, nervous, epileptic, toxic, of organic brain disease, and from reflex irritation, but says specifically nothing of the vertigo of arterio-sclerosis. Most other writers either on the topic of vertigo or that of arterio-sclerosis are equally silent; yet vertigo may be and often is, as will be urged farther on, a signal symptom of this arterial state, the proper recognition of which may lead to such treatment as will obviate organic diseases of the brain, kidneys, liver, and other important structures, and many times definitively prolong life.

It is only of late years that arterial changes have been given the importance in pathology and in clinical medicine that they deserve. The degeneration of senility, the modifications found in gout, rheumatism, chronic metallic poisoning, syphilis, and which are associated with alcoholism, Bright's disease, and many other serious maladies, makes it imperative that we recognize at the earliest moment the presence of a change in the artery which may in many instances be amenable, in the early stage, to treatment but which soon otherwise passes beyond the possibility of medical control. Atheroma is not here synonomous by any means. It is the pre-atheromatous condition with which we have to deal, and it is the vertigo symptomatic of that arterial fibrosis to which your attention is directed. As a matter of demonstrable fact this arterial state is widely and generally disseminated in these cases, but the complexion of the disease varies with its local intensity. In some instances a contracted kidney, in others angina pectoris, in others the cerebral symptoms are the prominent features, and of the brain symptoms the earliest is vertigo, and the last cerebral hæmorrhage or dementia.

When a man past the prime of life, without any previous serious illness, becomes suddenly faint, has a swimming in the head, a feeling of giddiness, of distinct gyration, of darkness and impending death, one or several of these sensations, he usually at once seeks advice in grave apprehension, sometimes well founded, of approaching cerebral apoplexy, and usually gets a cholagogue cathartic, or is told that his stomach is wrong, and sometimes is told rightly. But cases are constantly presenting themselves in which such vertiginous attacks are happening at shortening intervals, the patient gives up his tobacco, his spirits, if he is a drinker, cuts down his meat, takes to some of the many waters recommended, has Turkish baths, and gains only moderate relief or none at all. If he is carefully examined he will probably present a well defined tortuous frontal artery, a distinct arcus senilis, a strong, even a clanging, second sound of the heart, sometimes reduplicated, and give a sphygmogram indicative of increased arterial tension. The pulse may be abnormally slow or arhythmic, the urine scant and a trace of albumen is not rare. He finds that exertion of a moderate amount precipitates the attack, that he cannot endure a temperature at all above the usual, and often a change of position from recumbency to the upright is the occasion of a "blurr" or of giddiness.

The attack itself is, as already indicated, widely variable in different patients, but usually consists with itself for the given individual. A fullness and throbbing in the head, a feeling of heat in the scalp, and a blurr before the eyes are usually mentioned, and at such times marked paleness is noticed, followed, as a rule, by considerable redness of the face. There is a tendency to get into the open air, and badly-ventilated or close apartments are unendurable. An habitual smoker will sometimes find tobacco smoke repugnant. In more severe forms the patient may stagger, fall, or gradually sink to the ground; he cannot speak for a few seconds though consciousness is rarely completely lost. The recumbent position is usually sought, or the patient clings to some object, and after a period of from five to twenty minutes the feeling passes away leaving him rather languid, with an inclination to sleep, and usually mentally depressed and apprehensive. At first he attributes the attack to anything and everything that in his estimation can cause a departure from health, and usually establishes a close watch upon his diet, habits and mode of life, is inclined to avoid exercise or exertion of any sort, fearing to precipitate an

[1] Read before the American Medical Association, June 8, 1892.
[2] Birmingham Med. Rev., Nov. 1891.